

Information Required for Highlands Jurisdictional Determination

Applicant name:			
Address:			
Agent:			
Address:			
Daytime Telephone Numb	er:		
PROJECT LOCATION:			
Block(s):	Lot(s): _		
Municipality:		County:	
Site Address (or neares	st crossroads):		

PLEASE ATTACH A COPY OF A LOCATION MAP, COPY OF THE PORTION OF THE USGS QUAD MAP THAT SHOWS THE SITE (PLEASE INDICATE SITE ON MAP), A COPY OF THE TAX MAP AND, IF AVAILABLE, PHOTOGRAPHS OF THE EXISTING PROPERTY. SEND TO:

New Jersey Department of Environmental Protection
Land Use Regulation Program
Jurisdictional Determination Unit
PO Box 439
501 East State Street
Trenton, NJ 08625-0439